

## Application for City of Frankfort Business License

**Instructions:**

1. If your business is located inside Franklin County, submit this application along with the \$35.00 Business License Fee
2. All out of town Itinerant Businessmen and Contractors please submit this application along with a \$60.00 payment for the Business License Fee and Regulatory License Fee.
3. Withhold 1.75% of gross salary per pay period per applicable employee.
4. File a Quarterly Return with City of Frankfort Government. (Quarterly returns are mailed to you prior to the end of each quarter.)

**Note: Non-Profit organizations are not required to pay the initial \$35, however, the organization must withhold 1.75% withholding tax on applicable employees.**

**All questions must be answered completely. Please type or print.**

1. Business Name or Applicants Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Facsimile (\_\_\_\_) \_\_\_\_\_
2. Business Address \_\_\_\_\_ Ste # \_\_\_\_\_  
Street City State Zip Code
3. Mailing Address \_\_\_\_\_  
Street City State Zip Code
4. Address where work will be performed \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
5. Social Security Number \_\_\_\_\_ Federal ID \_\_\_\_\_
6. Drivers License Number of Applicant \_\_\_\_\_
7. Type of Business \_\_\_\_\_
8. Date Work is to begin in the City of Frankfort \_\_\_\_\_
9. Will you have Employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes How Many? \_\_\_\_\_
10. What type of tax year do you operate? Calendar (Jan. 1<sup>st</sup>-Dec.31<sup>st</sup>) \_\_\_\_\_  
Fiscal Year \_\_\_\_\_ Give Dates \_\_\_\_\_
11. Check Ownership Type: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
\_\_\_\_\_ Non Profit \_\_\_\_\_ Other \_\_\_\_\_
12. Name of Owners \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
13. If a Corporation, list officers \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
and Titles: (or Partnership) \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
14. Contact Person for Tax Info. \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
15. \_\_\_\_\_  
Signature of Applicant Title Date

Make Check Payable To: City of Frankfort, License Fee Division	Fax No. (502) 875-8502
Mail Application and Check to: City of Frankfort License Fee Division P.O. Box 697 Frankfort, KY 40602	If you have any questions please call (502) 875-8504 Business Hours: Monday – Friday, 8:00 a.m. – 4:30 p.m.

**FOR OFFICIAL USE ONLY**

Account #	License #	Date
Fee	Ent. Type	
Number of Employees	Fiscal Year End	